

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033045

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 56

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ark.</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u>		Length of stay in 1b	c. CITY OR TOWN <u>Sulphur Spgs Ark.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cardwell Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>Rt 1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cetnelius John Morgan</u>		4. DATE OF DEATH Month Day Year <u>7-30-63</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 27-1860</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TENN.</u>	9. AGE (last birthday) <u>83</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11. BIRTHPLACE (City and state or country) <u>TENN.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Georleon H. Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>S.H. Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Violet Morgan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO. <u>1411</u>		17. INFORMANT <u>Wife Sulphur Spgs Ark</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>atherosclerosis</u> DUE TO (b) <u>atherosclerosis</u> DUE TO (c) <u>2 days</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>19-4-5</u> to <u>7-30-63</u> and last saw him alive on <u>7/30/63</u> Death occurred at <u>9:35 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J.D. Fountain MD</u>	
22b. ADDRESS <u>noel mo</u>		22c. DATE SIGNED <u>8-13-63</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>7-30-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Botten Creek</u>		23d. LOCATION (City, town, or county) <u>N. Sulphur Spgs Ark</u>	
24. FUNERAL DIRECTOR <u>CALLISON Mc RIMNEY</u>		25. DATE RECD. BY LOCAL REG. <u>8-13-63</u>	
26. REGISTRAR'S SIGNATURE <u>Medred Moberly</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/591 07302 80303 14 05 1

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 912 H/K,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis D. Day

Licensed Embalmer No. 912 H/K
P. O. Address Granette Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.